

ARIZONA CORPORATION COMMISSION
UTILITIES DIVISION

ANNUAL REPORT MAILING LABEL - MAKE CHANGES AS NECESSARY

W-02822A

S

SLEEPY HOLLOW MOBILE HOME ESTATES
6001 So. PALO VERDE
TUCSON, AZ - 85706

* Revised *

MAIL IN
2-10-09

LOST IN
MAIL OR DEPT
MISS PLACE.

ANNUAL REPORT
WATER

FOR YEAR ENDING

12	31	2008
----	----	------

RA PHOTO
COPY AND
SEND IN

FOR COMMISSION USE

ANN 04	08
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BY DANNY NG.
PTR OWNER
Tel - 520-4407529

PROCESSED BY:

9-2-01

SCANNED

9-3-09

COMPANY INFORMATION

Company Name (Business Name) <u>SLEEPY Hollow Mobile Home Etc.</u>		
Mailing Address <u>6001 So. Palo Verde</u>		
<u>Tucson</u> (City)	<u>AZ</u> (State)	<u>85706</u> (Zip)
<u>520-624-7775</u> Telephone No. (Include Area Code)	<u></u> Fax No. (Include Area Code)	<u>520-440-7529</u> Cell No. (Include Area Code)
Email Address _____		
Local Office Mailing Address _____		
_____ (Street)		
_____ (City)	_____ (State)	_____ (Zip)
_____ Local Office Telephone No. (Include Area Code)	_____ Fax No. (Include Area Code)	_____ Cell No. (Include Area Code)
Email Address _____		

MANAGEMENT INFORMATION

Management Contact: _____			
_____ (Name)		_____ (Title)	
_____ (Street)	_____ (City)	_____ (State)	_____ (Zip)
_____ Telephone No. (Include Area Code)	_____ Fax No. (Include Area Code)	_____ Cell No. (Include Area Code)	
Email Address _____			
On Site Manager: <u>DANNY NE</u>			
_____ (Name)			
<u>615</u> (Street)	<u>W. ALTURA ST.</u> (City)	<u>Tucson</u> (State)	<u>AZ - 85705</u> (Zip)
<u>520-624-7775</u> Telephone No. (Include Area Code)	<u></u> Fax No. (Include Area Code)	<u>520-440-7529</u> Cell No. (Include Area Code)	
Email Address _____			

Statutory Agent: _____

 (Name)

 (Street) (City) (State) (Zip)

 Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code)

Attorney: ALBERT HARTWELL

 (Name)

177 N. CHURCH AVE SUITE 200 TUCSON AZ 85701

 (Street) (City) (State) (Zip)

 Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code)

Email Address _____

OWNERSHIP INFORMATION

Check the following box that applies to your company:

- | | |
|---|---|
| <input type="checkbox"/> Sole Proprietor (S) | <input type="checkbox"/> C Corporation (C) (Other than Association/Co-op) |
| <input checked="" type="checkbox"/> Partnership (P) | <input type="checkbox"/> Subchapter S Corporation (Z) |
| <input type="checkbox"/> Bankruptcy (B) | <input type="checkbox"/> Association/Co-op (A) |
| <input type="checkbox"/> Receivership (R) | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Other (Describe) _____ | |

COUNTIES SERVED

Check the box below for the county/ies in which you are certificated to provide service:

- | | | |
|-------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> APACHE | <input type="checkbox"/> COCHISE | <input type="checkbox"/> COCONINO |
| <input type="checkbox"/> GILA | <input type="checkbox"/> GRAHAM | <input type="checkbox"/> GREENLEE |
| <input type="checkbox"/> LA PAZ | <input type="checkbox"/> MARICOPA | <input type="checkbox"/> MOHAVE |
| <input type="checkbox"/> NAVAJO | <input checked="" type="checkbox"/> PIMA | <input type="checkbox"/> PINAL |
| <input type="checkbox"/> SANTA CRUZ | <input type="checkbox"/> YAVAPAI | <input type="checkbox"/> YUMA |
| <input type="checkbox"/> STATEWIDE | | |

COMPANY NAME

Sleepy Hollow Mobile Home Estates

UTILITY PLANT IN SERVICE

Acct. No.	DESCRIPTION	Original Cost (OC)	Accumulated Depreciation (AD)	O.C.L.D. (OC less AD)
301	Organization			
302	Franchises			
303	Land and Land Rights	70,000.00	49,000.00	10,000.00
304	Structures and Improvements			
307	Wells and Springs	5,000.00	4,000.00	1,000.00
311	Pumping Equipment	7,000.00	7,000.00	0
320	Water Treatment Equipment	20,000.00	20,000.00	0
330	Distribution Reservoirs and Standpipes	11,000.00	4,400.00	6,600.00
331	Transmission and Distribution Mains	175,000.00	89,500.00	35,500.00
333	Services	10,000.00	9,000.00	1,000.00
334	Meters and Meter Installations	3,000.00	1,000.00	2,000.00
335	Hydrants			
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment			
340	Office Furniture and Equipment			
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment	2,000.00	900.00	1,100.00
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	TOTALS	195,000.00	136,800.00	38,200.00

This amount goes on the Balance Sheet Acct. No. 108

COMPANY NAME

Sleepy Hollow N.H. Park

CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR

Acct. No.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation Expense (1x2)
301	Organization			
302	Franchises			
303	Land and Land Rights			
304	Structures and Improvements			
307	Wells and Springs			
311	Pumping Equipment			
320	Water Treatment Equipment			
330	Distribution Reservoirs and Standpipes			
331	Transmission and Distribution Mains			
333	Services			
334	Meters and Meter Installations			
335	Hydrants			
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment			
340	Office Furniture and Equipment			
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	TOTALS			

THE SYSTEM WAS BUILT IN 1947. THE SYSTEM IS 60 YEARS OLD. NO MARK DEPRECIATION

I OWN IT SINCE 1985

THIS SYSTEM IS INSIDE THE TRL PARK. THE TRL PARK HAVE A WATER WELL. WE SELL WATER INSIDE THE TRL PARK FOR TENANTS USE ONLY. WE CAN CLOSE THE WATER WELL SYSTEM, AND TURN TO TUCSON CITY WATER WITHIN (3) MINUTE OF TIME. THIS WELL WILL RUN DRY. THAN WE GO CITY WATER.

This amount goes on the Comparative Statement of Income and Expense
Acct. No. 403.

Thank You.
D.R.H.

COMPANY NAME

Sleepy Hollow Mobile Home Estates

BALANCE SHEET

Acct No.		BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	ASSETS		
	CURRENT AND ACCRUED ASSETS		
131	Cash	\$	\$
134	Working Funds	N/A	
135	Temporary Cash Investments		
141	Customer Accounts Receivable		
146	Notes/Receivables from Associated Companies		N/A
151	Plant Material and Supplies		
162	Prepayments		
174	Miscellaneous Current and Accrued Assets		
	TOTAL CURRENT AND ACCRUED ASSETS	\$	\$
	FIXED ASSETS		
101	Utility Plant in Service	\$	\$
103	Property Held for Future Use		
105	Construction Work in Progress		
108	Accumulated Depreciation – Utility Plant		
121	Non-Utility Property		
122	Accumulated Depreciation – Non Utility		
	TOTAL FIXED ASSETS	\$	\$
	TOTAL ASSETS	\$	\$

NOTE: The Assets on this page should be equal to **Total Liabilities and Capital** on the following page.

COMPANY NAME

BALANCE SHEET (CONTINUED)

Acct. No.		BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	LIABILITIES		
	CURRENT LIABILITIES		
231	Accounts Payable	\$	\$
232	Notes Payable (Current Portion)		
234	Notes/Accounts Payable to Associated Companies		
235	Customer Deposits		
236	Accrued Taxes		
237	Accrued Interest		
241	Miscellaneous Current and Accrued Liabilities		
	TOTAL CURRENT LIABILITIES		
	LONG-TERM DEBT (Over 12 Months)		
224	Long-Term Notes and Bonds		
	DEFERRED CREDITS		
251	Unamortized Premium on Debt		
252	Advances in Aid of Construction		
255	Accumulated Deferred Investment Tax Credits		
271	Contributions in Aid of Construction		
272	Less: Amortization of Contributions		
281	Accumulated Deferred Income Tax		
	TOTAL DEFERRED CREDITS	\$	\$
	TOTAL LIABILITIES	\$	\$
	CAPITAL ACCOUNTS		
201	Common Stock Issued	\$	\$
211	Paid in Capital in Excess of Par Value		
215	Retained Earnings		
218	Proprietary Capital (Sole Props and Partnerships)		
	TOTAL CAPITAL	\$	\$
	TOTAL LIABILITIES AND CAPITAL	\$	\$

MA
WE
\$ just sell
WATER to \$ our
TENANTS only in
THE TRS PARK.
D.M.

COMPANY NAME

Sleepy Hollow Public Home states

COMPARATIVE STATEMENT OF INCOME AND EXPENSE

Acct. No.	OPERATING REVENUES	2007 PRIOR YEAR	2008 CURRENT YEAR
461	Metered Water Revenue	\$ 14,615.88	\$ 12,946.53
460	Unmetered Water Revenue		0
474	Other Water Revenues	0	0
	TOTAL REVENUES	\$ 14,615.88	\$ 12,946.53
	OPERATING EXPENSES		
601	Salaries and Wages	\$ 800.00	\$ 750.00
610	Purchased Water		
615	Purchased Power	4900.00	4050.00
618	Chemicals		
620	Repairs and Maintenance	1400.00	1250.00
621	Office Supplies and Expense	117.00	118.00
630	Outside Services	1415.00	1450.00
635	Water Testing	3500.00	3050.00
641	Rents		
650	Transportation Expenses		
657	Insurance – General Liability	1200.00	1215.00
659	Insurance - Health and Life		
666	Regulatory Commission Expense – Rate Case		
675	Miscellaneous Expense		
403	Depreciation Expense		
408	Taxes Other Than Income		
408.11	Property Taxes	9108.44	8886.44
409	Income Tax		
	TOTAL OPERATING EXPENSES	\$	\$
	OPERATING INCOME/(LOSS)	\$ 14,742.84	\$ 12,879.44
	OTHER INCOME/(EXPENSE)	373.04	167.04
419	Interest and Dividend Income	\$	\$
421	Non-Utility Income		
426	Miscellaneous Non-Utility Expenses		
427	Interest Expense		
	TOTAL OTHER INCOME/(EXPENSE)	\$	\$
	NET INCOME/(LOSS)	\$ 373.04	\$ 167.04

COMPANY NAME

Sleepy Hollow Mobile Home Estate

SUPPLEMENTAL FINANCIAL DATA**Long-Term Debt**

	LOAN #1	LOAN #2	LOAN #3	LOAN #4
Date Issued				
Source of Loan				
ACC Decision No.				
Reason for Loan				
Dollar Amount Issued	\$	\$	\$	\$
Amount Outstanding	\$	\$	\$	\$
Date of Maturity				
Interest Rate	%	%	%	%
Current Year Interest	\$	\$	\$	\$
Current Year Principle	\$	\$	\$	\$

Meter Deposit Balance at Test Year End

\$

Meter Deposits Refunded During the Test Year

\$

COMPANY NAME	Sleepy Hollow Mobile Home Estates	
Name of System:	ADEQ Public Water System Number:	20094

WATER COMPANY PLANT DESCRIPTION

WELLS

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled
604/01	25	140 USGAL	150'	3"	3"	1990

* Arizona Department of Water Resources Identification Number

OTHER WATER SOURCES

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)
IF WATER WELL BREAKS DOWN, WE GO TURN ON CITY TUCSON WATER WITHIN (3) MINUTE OF TIME.		

BOOSTER PUMPS		FIRE HYDRANTS	
Horsepower	Quantity	Quantity Standard	Quantity Other
CITY OF TUCSON			
FIRE HYDRANT			
IN CORNER OF THE TEL PARK			
HALL (4)			

STORAGE TANKS		PRESSURE TANKS	
Capacity	Quantity	Capacity	Quantity
		5,000 GAL	(1)
N/A			

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME	Sleepy Hollow Mobile Home Estate	
Name of System:	ADEQ Public Water System Number:	20094

WATER COMPANY PLANT DESCRIPTION (CONTINUED)

MAINS			CUSTOMER METERS	
Size (in inches)	Material	Length (in feet)	Size (in inches)	Quantity
2	Copper + PVC	6500	5/8 X 3/4	89
3			3/4	
4			1	
5			1 1/2	
6			2	
8			Comp. 3	
10			Turbo 3	
12			Comp. 4	
			Turbo 4	
			Comp. 6	
			Turbo 6	

2000 PVC
4500 Copper

For the following three items, list the utility owned assets in each category for each system.

TREATMENT EQUIPMENT:

None

STRUCTURES:

Access 100' to enclosed
water well + pressure
tank.

OTHER:

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME:	SLEEPY Headed Mobile Home Estates		
Name of System:	ADEQ Public Water System Number: 20094		

WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2008

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)	GALLONS PURCHASED (Thousands)
JANUARY	86			48,500.00
FEBRUARY	89			48,600.00
MARCH	87			48,500.00
APRIL	86			48,500.00
MAY	85			48,000.00
JUNE	87			51,000.00
JULY	86			53,000.00
AUGUST	85			53,000.00
SEPTEMBER	85			58,000.00
OCTOBER	90			56,000.00
NOVEMBER	90			57,000.00
DECEMBER	87			57,000.00
TOTALS →		596,100.00	596,100.00	596,100.00

What is the level of arsenic for each well on your system? <0.1 MGL mg/l
(If more than one well, please list each separately.)

If system has fire hydrants, what is the fire flow requirement? 7000 GPM for 2 hrs

If system has chlorination treatment, does this treatment system chlorinate continuously?
() Yes () No None

Is the Water Utility located in an ADWR Active Management Area (AMA)?
(☒) Yes () No

Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement?
() Yes (☒) No

If yes, provide the GPCPD amount: _____

Note: If you are filing for more than one system, please provide separate data sheets for each system.

COMPANY NAME:	Sleepy Hollow Mobile Home Expts		
Name of System:	ADEQ Public Water System Number:	2009p	

UTILITY SHUTOFFS / DISCONNECTS

MONTH	Termination without Notice R14-2-410.B	Termination with Notice R14-2-410.C	OTHER
JANUARY			
FEBRUARY			
MARCH			
APRIL			
MAY			
JUNE			
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			
TOTALS →			

None

OTHER (description):

COMPANY NAME

SLC-Epy Hellos Mr. H C. H. H.

YEAR ENDING 12/31/2008

PROPERTY TAXES

Amount of actual property taxes paid during Calendar Year 2008 was: \$

886.44

Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled checks for property tax payments) of any and all property taxes paid during the calendar year.

If no property taxes paid, explain why.

**VERIFICATION
AND
SWORN STATEMENT**
Taxes

RECEIVED
SEPT 11 2008
PIMA COUNTY
Director Utilities

VERIFICATION

STATE OF Ar
I, THE UNDERSIGNED
OF THE

COUNTY OF (COUNTY NAME)	<u>PIMA</u>
NAME (OWNER OR OFFICIAL) TITLE	<u>DANNY NG</u>
COMPANY NAME	<u>SLEEPY Hollow Public House & more</u>

DO SAY THAT THIS ANNUAL UTILITY PROPERTY TAX AND SALES TAX REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2008

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

I HEREBY ATTEST THAT ALL PROPERTY TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

I HEREBY ATTEST THAT ALL SALES TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

Danny Ng 1682000000

SIGNATURE OF OWNER OR OFFICIAL

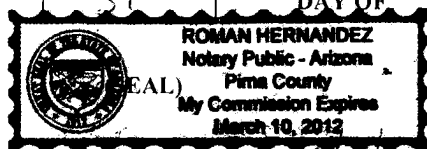
520-4407529

TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS 31 DAY OF



MY COMMISSION EXPIRES 03/10/2012

COUNTY NAME	<u>Pima</u>
MONTH	<u>August</u>
	<u>2008</u>

SIGNATURE OF NOTARY PUBLIC

COMPANY NAME SLEEPY Hollow Motel Hotel YEAR ENDING 12/31/2008

INCOME TAXES

For this reporting period, provide the following:

Federal Taxable Income Reported 5800
Estimated or Actual Federal Tax Liability _____

State Taxable Income Reported 2800
Estimated or Actual State Tax Liability _____

Amount of Grossed-Up Contributions/Advances:

Amount of Contributions/Advances _____
Amount of Gross-Up Tax Collected _____
Total Grossed-Up Contributions/Advances _____

Decision No. 55774 states, in part, that the utility will refund any excess gross-up funds collected at the close of the tax year when tax returns are completed. Pursuant to this Decision, if gross-up tax refunds are due to any Payer or if any gross-up tax refunds have already been made, attach the following information by Payer: name and amount of contribution/advance, the amount of gross-up tax collected, the amount of refund due to each Payer, and the date the Utility expects to make or has made the refund to the Payer.

CERTIFICATION

The undersigned hereby certifies that the Utility has refunded to Payers all gross-up tax refunds reported in the prior year's annual report. This certification is to be signed by the President or Chief Executive Officer, if a corporation; the managing general partner, if a partnership; the managing member, if a limited liability company or the sole proprietor, if a sole proprietorship.

Danny NF
SIGNATURE

2-8-09
DATE

Danny NF
PRINTED NAME

PTA OWNER
TITLE

**VERIFICATION
AND
SWORN STATEMENT
Intrastate Revenues Only**

RECEIVED
SEP 11 2009
AZ CORP DIVISION

VERIFICATION

STATE OF AZ
I, THE UNDERSIGNED
OF THE

COUNTY OF (COUNTY NAME)	<u>Pima</u>
NAME (OWNER OR OFFICIAL) TITLE	<u>Director Utilities</u>
COMPANY NAME	<u>Sleepy Hollow Mobile Home Estate</u>

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2008

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS DURING CALENDAR YEAR 2008 WAS:

Arizona Intrastate Gross Operating Revenues Only (\$)

\$ 129,465.3

(THE AMOUNT IN BOX ABOVE
INCLUDES \$ 776.79
IN SALES TAXES BILLED, OR COLLECTED)

****REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)**

[Signature] *PTA owner*

SIGNATURE OF OWNER OR OFFICIAL

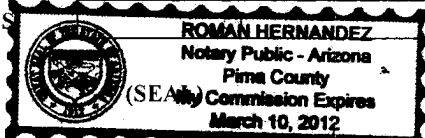
TELEPHONE NUMBER

520-440-7519

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS DAY OF



MY COMMISSION EXPIRES 03/10/2012

COUNTY NAME	<u>Pima</u>
MONTH	<u>August</u>
	<u>2009</u>

SIGNATURE OF NOTARY PUBLIC

[Signature]

**VERIFICATION
AND
SWORN STATEMENT
RESIDENTIAL REVENUE**
Intrastate Revenues Only

RECEIVED
SEP 10 2008
J. J. HARRIS, Director
Director Utilities

VERIFICATION

STATE OF ARIZONA

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME) <u>PIMA</u>	
NAME (OWNER OR OFFICIAL) <u>DANNY NF</u>	TITLE <u>PTL OWNER</u>
COMPANY NAME <u>SLEEPY HOLLOW HOBBIES HOME ESTATES</u>	

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2008

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2008 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES

\$ 12,946.53

THE AMOUNT IN BOX AT LEFT

INCLUDES \$ 776.79
IN SALES TAXES BILLED, OR COLLECTED)

*RESIDENTIAL REVENUE REPORTED ON THIS PAGE
MUST INCLUDE SALES TAXES BILLED.

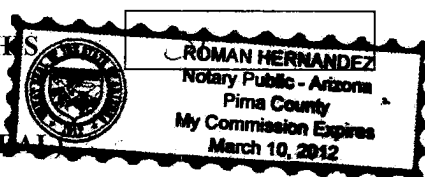
[Signature]
SIGNATURE OF OWNER OR OFFICIAL
520-440-7514
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS 31 DAY OF

(STATE)



MY COMMISSION EXPIRES 03/10/2012

NOTARY PUBLIC NAME <u>Roman Hernandez</u>	
COUNTY NAME <u>Pima</u>	
MONTH <u>August</u>	20 <u>08</u>

X [Signature]
SIGNATURE OF NOTARY PUBLIC

	AREA CODE	PRIMARY TAX RATE PER \$100 ASSESSED VALUE	SECONDARY TAX RATE PER \$100 ASSESSED VALUE	IRRIGATION DISTRICT \$ PER ACRE
901 01 2000	1200	9.3068	5.2441	

ASSESSMENT	VALUE IN DOLLARS	ASSESSMENT RATIO	ASSESSED VALUE IN DOLLARS	EXEMPTIONS	NET ASSESSED VALUE
LIMITED					
FULL CASH					
PERSONAL PROPERTY	26,000	24.0	6,240		6,240

2007 TAX SUMMARY	JURISDICTION	2007 TAXES	2006 TAXES	DIFFERENCE
PRIMARY PROPERTY TAX	580.74 PIMA COUNTY PRI	224.76	225.91	-1.15
LESS STATE AID TO EDUCATION	0.00 SUNNYSIDE 12 PRI	292.39	334.50	-42.11
NET PRIMARY PROPERTY TAX	580.74 PIMA COLLEGE PRI	63.59	62.15	1.44
SECONDARY PROPERTY TAX	305.70 COUNTY BONDS SEC	42.74	42.04	0.70
	886.44 SUNNYSIDE 12 SEC	216.11	203.69	12.42
		3.12	0.00	3.12
		10.32	11.44	-1.12
		6.24	7.06	-0.82
		24.80	21.61	3.19
		2.37	2.44	-0.07

TOTAL VALUE OF OPERATING PROPERTY-
TAXPAYER GROUP NO 010

TOTALS

886.44

910.84

-24.40

PAYMENT INSTRUCTIONS

To pay the 1st half installment,
send the 1st half coupon with
your payment postmarked no
later than . To
pay the 2nd half installment,
send the 2nd half coupon with
your payment postmarked no
later than . The
minimum acceptable payment
is of the payment
due, whichever is greater.

0034474 01 AV 0.312 **AUTO T8 0 0781 85705-426099

|||||
SLEEPY HOLLOW MOBILE HOME ESTATES
ATTN: DANNY F NG
615 W ALTURAS ST
TUCSON AZ 85705-4260

Please make your check
payable to

and mail to:

Pima County Treasurer
PO BOX 29011
Phoenix AZ 85038-9011

PLEASE INCLUDE YOUR

ON YOUR CHECK.

THERE WILL BE A CHARGE FOR EACH RETURNED CHECK
AND YOUR TAXES WILL REVERT TO AN UNPAID STATUS.

2007
PROPERTY TAX
STATEMENT

See
2008